FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCHMENT #

FILED Feb 10 1998 8:00am Secretary of State

1	CROSS LIMITED CORPOR		(3)			
Principal Place of Business Mailing Address				**	- i somatunu resm sinser indahi durnir mahiri maker d	MIN ONLO SOLOS OLINO TOLI CERC
1858 RINGLING BLVD. SARASOTA FL 34236 1858 RINGLING BLVD. SARASOTA FL 34236			LVD.			
			236		DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified	3 01 702
					02/24/1997	
2. Principal Place of Business 2a. Mailing Address			SS		4. FEI Number	Applied For
21		26	26		98-0143868	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			g. Commodic of Clarics Doorloo	Fee Required
City & Stat	le	├ ─┐ '	City & State		6. Election Campaign Financing	\$5.00 May Be
			Zip Country		Trust Fund Contribution	Added to Fees
Zip 24	Country 7:p		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
24	25 29 9. Name and Address of Current Registered Agent		[30]		10. Name and Address of New Registered Agent	
DA	RT, THOMAS		8	Name		
C/O RUDEN MCCLOSKY			8:	Ctract Adds	ross (D.O. Boy Number is Not Assertable)	
1549 RINGLING BLVD.			6,	STORE AUG	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34236			8:	3		
			84	City		85 Zip Code
				,	F	
SIGNATURE	Signature, typed or printed name of registered	Agent and title if applicable	(NOTE Registered A		coration submits this statement for the purpose ion's board of directors. I hereby accept the a red when relateting) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	OFFICERS AND DIRECTORS DELETE				ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME			1,2 NAME			
	STREET ADDRESS 35 S. PARK RD.			T ADDRESS		
CITY-ST-ZIP	LOUDGE		1.4 CITY-			
TITLE	DC DELETE					☐ Change ☐ Addition
NAME	HARDING, ALVIN A		2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP BALDRING ISLE OF MAN			2. 4 CITY	-ST-ZIP		
TITLE	DELETE		TE 3.1 TITLE 3.2 NAME			Change Addition
NAME	1711007107			ŀ		
STREET ADDRESS 3 THE DOWNS LHERGY CRIPPERTY				1 ADDRESS		
CITY-ST-ZIP UNION MILLS ISLE OF MAN			3.4. CITY TE 4.1 TITLE			Change Addition
TITLE	T DEFERE		4.1 HILLE	1		C cusuite C vagarion
name Street address				T ADDRESS		
CITY-ST-ZIP			4.3 STREE			
TITLE						Change Addition
NAME			5.2 NAME			
STREET ADDRESS	1		16	T ADDRESS		
CITY-ST-ZIP	†		5.4 CITY-	ľ		
TITLE	☐ DELETE					☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 C/TY-	ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachinish with an address.